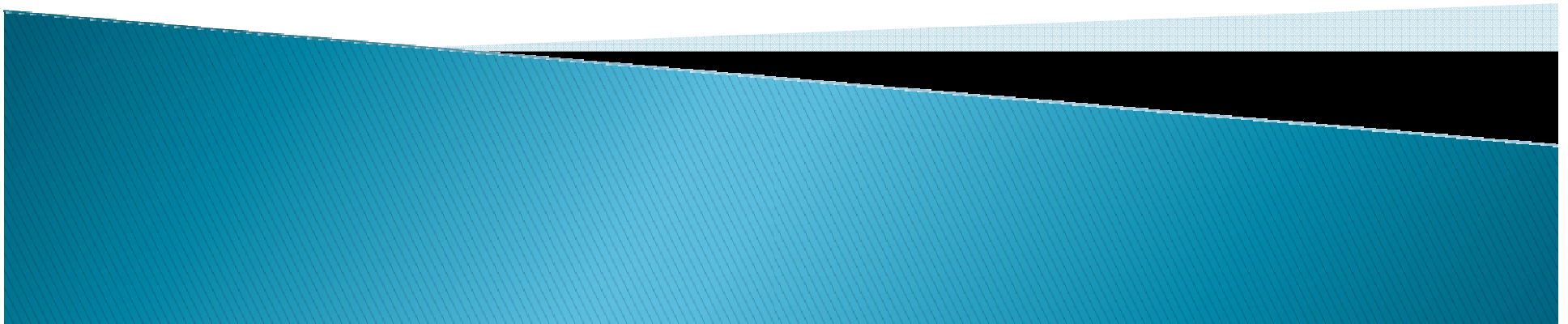
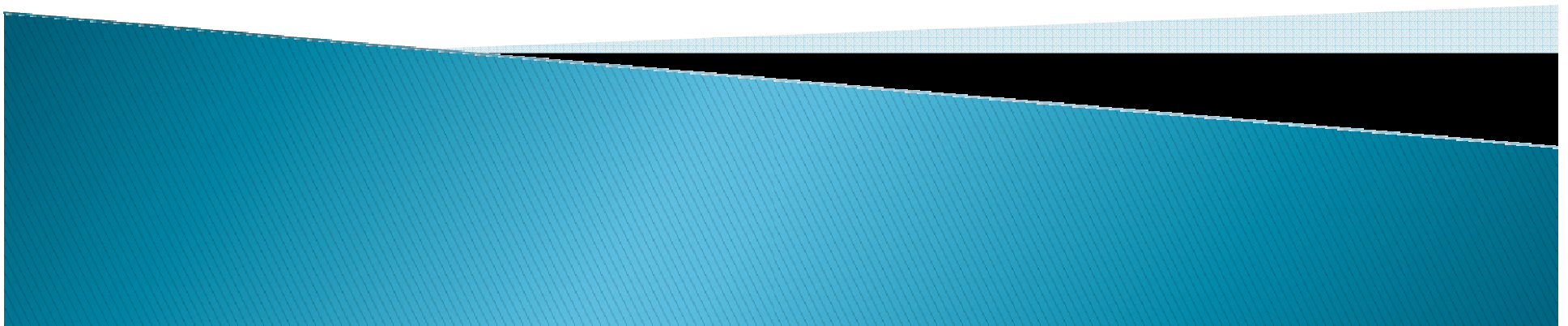


Injury Prevention Statewide Survey

Developed by Injury Prevention Council and Susan Perkins
Analyzed by Jodi Hackworth, MPH
Epidemiologist, Indiana State Department of Health

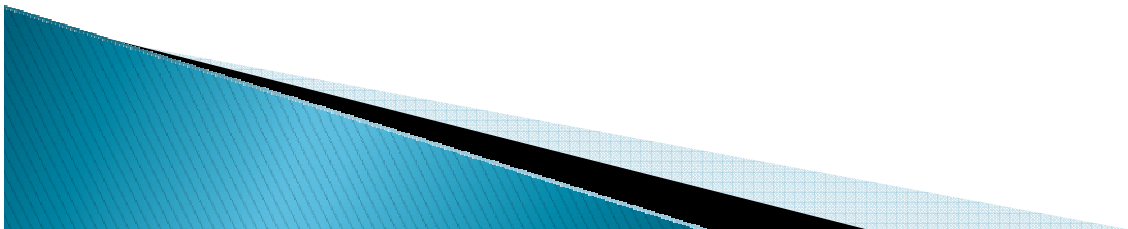


Injuries have causes—they
simply do not befall us from
fate or bad luck— David
Lawrence



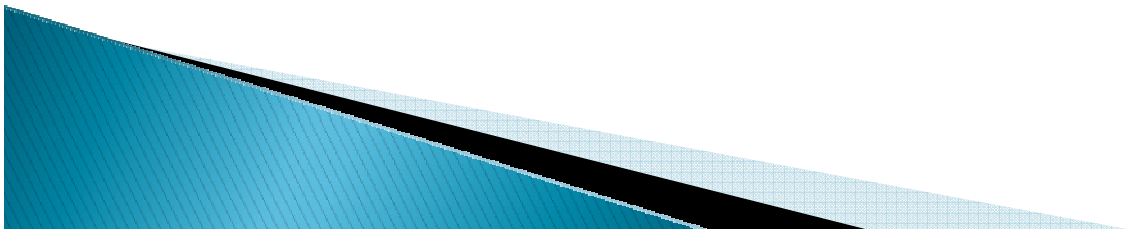
IP Survey

- ▶ Short on-line survey distributed via Survey Monkey in Fall of 2008
 - 9 questions
- ▶ Who was it sent to:
 - Indiana Trauma Taskforce Listserve
 - Members of the Indiana Trauma Network
 - Injury Prevention Advisory Council
 - Listserve of all ED in state



IP Survey

- ▶ How Many Responses???
- 55 Unduplicated Responses



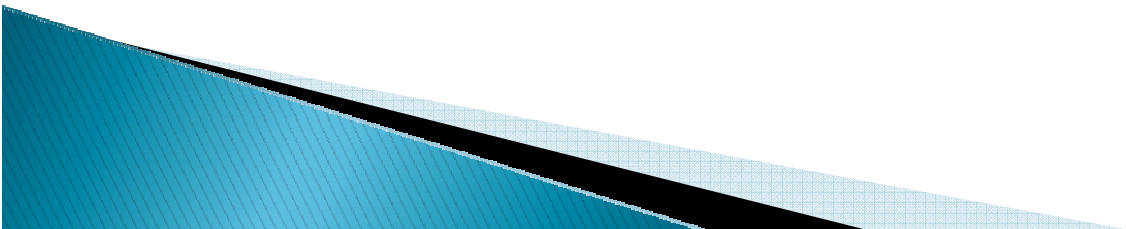
Results

Question 1:

Name of your program/organization

Question 2:

Who is the contact person for your organization's injury prevention activities?



Results

Question 3:

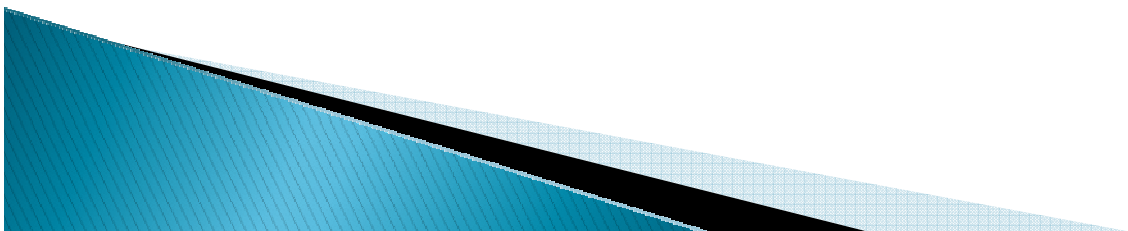
Do you (or your organization) have an injury prevention program or initiative?

Answer:

70.9% (39/55) indicated that their organization had an injury prevention (IP) program

Majority of IP Programs are hospital based (71.8%, 28/39)

3 Respondents without IP programs indicated some type of IP so included in results



Results

Question 4:

What are your injury prevention focus topics?

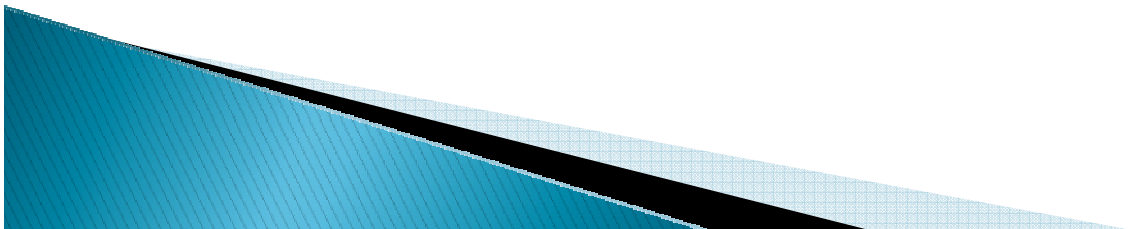
Answer: See Table 1

Top Focus Areas:

Motor Vehicle Crashes (30/42, 71.4%)

Bike/Pedestrian Safety (28/42, 66.7%)

Falls (21 /42, 50.0%)



Results

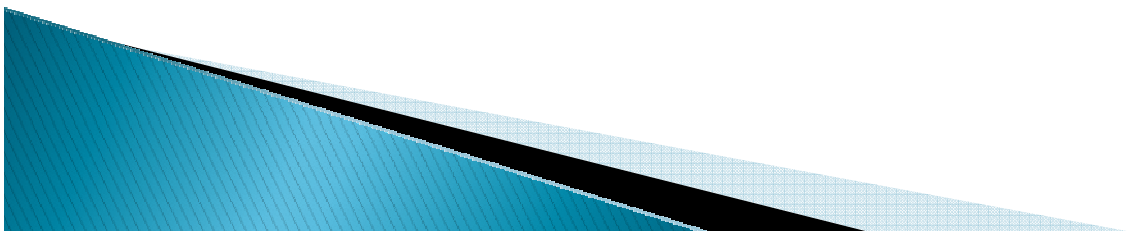
Question 5:

What is the emphasis or goal of your injury prevention program(s) (check all that apply)?

Answer: See Table 2

Top 3 answers:

1. Education (41 / 42, 97.6%)
2. Awareness (39 / 42, 92.9%)
3. Training (24 / 42, 57.1%)



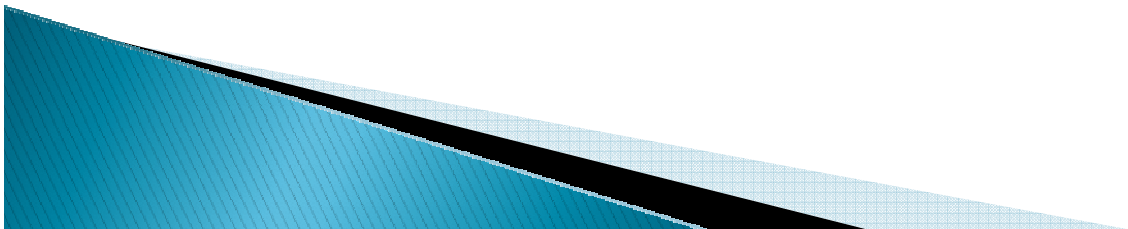
Results

Question 6:

What populations do you work with (check all that apply)?

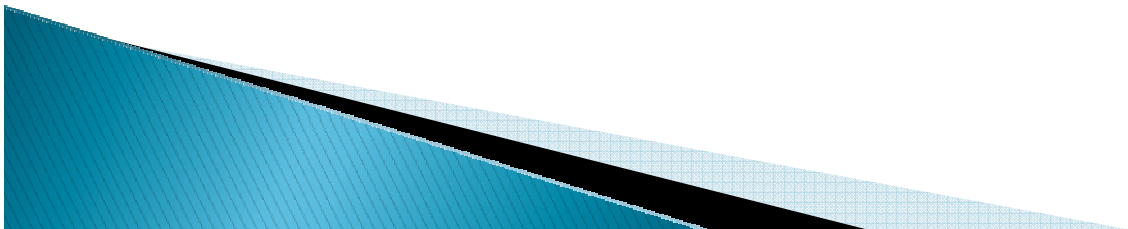
Answer:

The largest population that the respondents work with around Indiana is children (37/42, 88.1%) followed by adolescents (36/42, 85.7%).



Results

- ▶ 54.8% of respondents indicated that they work with the elderly population (23/42).
- ▶ 38.1% of respondents indicated that they work with the gay/lesbian/transgender population in their injury prevention efforts (16/42).
- ▶ See Table 3

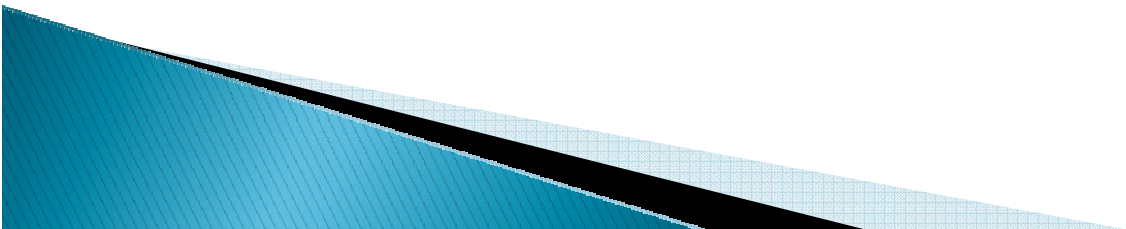


Results

Question 7

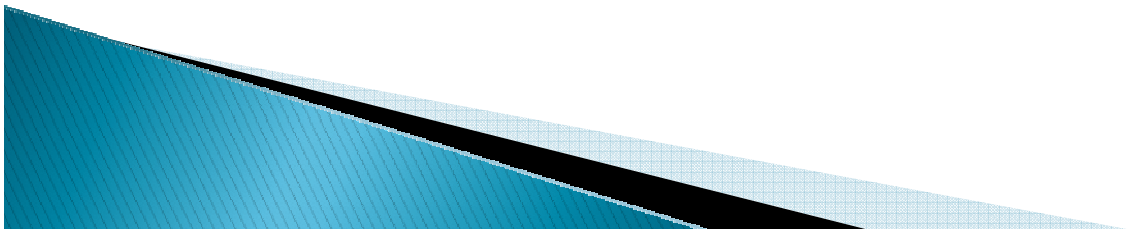
What geographic location(s) does your program cover (i.e. hospital district number, county, city, township, northwest Indiana, etc.)?

Answer: Answers varied



Results

- Geographic Regions
 - 6 people indicated that IP covers state and one person indicated that they cover the tri-state area
 - 18/92 counties were represented (19.6% of state)
 - One respondent said 50 counties were covered
 - 9 respondents indicated large geographic regions
 - Northwest Indiana
 - Northeast Indiana
 - Central Indiana (6 respondents)
 - Southwest Indiana



Results

Question 8

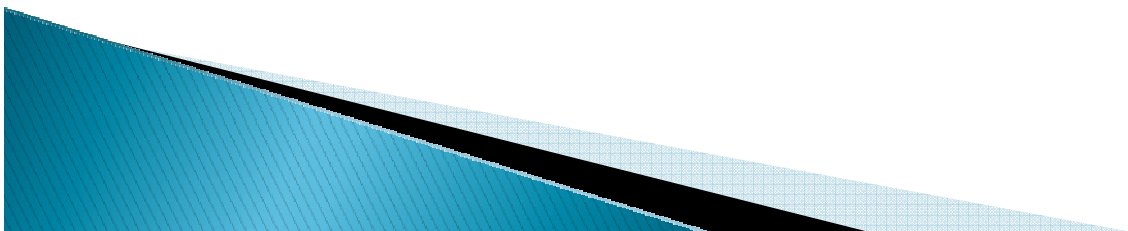
What other injury prevention activities exist in your community, if any?

Answer:

Answers varied, but overall, many groups do not really know what others are doing in their community or around the state.

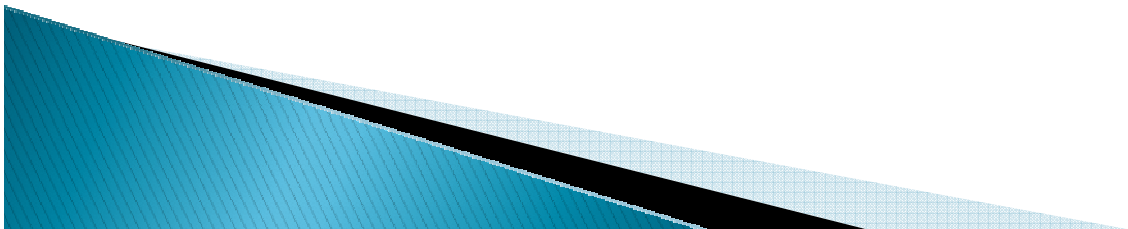
“I am not aware of any others, but we are trying to expand our program.”

“ Very few, isolated occasional events sponsored by various fire departments.”



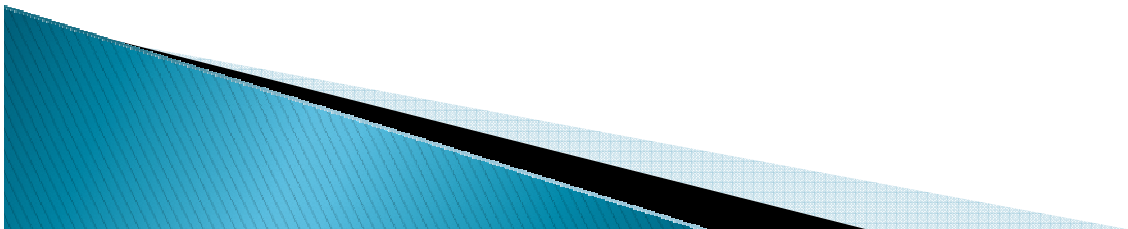
Limitations

- Did all groups submit data from around the State? No
 - Need to follow-up
- We do NOT know if a program is working?
 - Is the program being evaluated?
 - Are there specific outcomes that groups are looking for?
 - Is the IP program effective? If not, are we harming vs helping Indiana citizens? Some of the programs are known to have harmful effects and unintended consequences.



Conclusion

- ▶ Different age and gender structures, ethnicity and attitudes, resources, social structure and environments lead to different types and severities of injuries and different injury rates around Indiana.
- ▶ Questions for the group:
 - ▶ We (Indiana) have a variety of IP programs, BUT do we need more? Are the programs being duplicated? Are they uncoordinated? How do we make sure all programs are evaluated?
- ▶ Input from IP Advisory Group and IP trauma taskforce committee on where to go from here is vital.



Questions?

